Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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Cancer in Adults Before Midlife

SOME progress has been made during the past decade in reducing the mortality from cancer (malignant neoplasms) among adults prior to midlife. Yet, last year there were more than 20,000 deaths from this cause reported in the United States in the age range from 15 through 44. This was one fourth of the total mortality from disease at these ages, and only about 10 percent less than the number of deaths from heart disease. In fact, about one twelfth of all the deaths from cancer in our country occurs at ages 15-44. For certain cancers the proportion is much higher; these ages account for two fifths of the total mortality from Hodgkin's disease, and more than one fourth of that from cancer of the brain and nervous system.

Data regarding the incidence of new cases are available from a survey of cancer morbidity made in 10 major cities of the United States in 1947 and 1948.* If the results are representative of the situation in the country as a whole, there are about 65,000 new cases of cancer each year at ages 15-44. The survey showed that among males the incidence rate at ages 25-34 was nearly double that at ages 15-24, increasing from 25.3 to 47.2 per 100,000 population; at ages 35-44 the rate rose to 127.9 per 100,000, or to more than two and a half times that at 25-34. Among females, the rise in the incidence rate of cancer was even more rapid—from 26.8 to 85.9 per 100,000 between ages 15-24 and 25-34, and further to 256.3 in the next decade of life. Thus, new cases occurred at virtually the same rate in both sexes at ages 15-24, but at ages 25-34 the incidence rate for females was about 75 percent higher than for males, and at ages 35-44 double that for males.

As regards mortality, the relative importance of the various sites changes in successive age periods. Table 1 presents the situation in 1953-1954 among white males and females insured under Industrial policies in the Metropolitan Life Insurance Company. At ages 15-24, virtually half of all the cancer deaths in each sex were from malignancies of the lymphatic and blood-forming tissues. In this category are leu-

* Preliminary summary by American Cancer Society of data from *Cancer Morbidity Series*, 1-10, National Cancer Institute.

kemia, with almost one quarter of all cancer deaths at these ages, and Hodgkin's disease, with nearly one sixth. Cancer of the genital organs and of the brain and nervous system each accounted for about one eighth of the total cancer mortality at ages 15-24.

In the next age group, 25-34, the cancer picture for females changes radically. At these ages, cancers of the breast and the genital organs, together, account for two fifths of the total female mortality from malignant neoplasms. Although fatal cancers of the lymphatic and blood-forming tissues among both males and females are relatively less important than at ages 15-24, as a group they still record a higher mortality than cancer of any other site. The digestive organs account for one sixth of all cancers in this age group in both sexes. Among males, cancer

TABLE 1—MORTALITY FROM MALIGNANT NEOPLASMS AMONG WHITE PERSONS AGES 15 TO 44, BY SEX, AGE AND SITE. INDUSTRIAL POLICYHOLDERS METROPOLITAN LIFE INSURANCE COMPANY, 1953-1954

Site	Ages 15–24		Ages 25–34		Ages 35–44	
	Males	Females	Males	Females	Males	Females
	Average Annual Death Rate per 100,000					
Malignant neoplasms—Total	8.4	6.4	17.4	18.3	48.8	67.4
Digestive organs and peritoneum	.5	.6	2.9	2.9	13.4	13.0
Respiratory tract	.2	.1	1.5	.6	11.1	2.3
Breast	—	*	.1	3.2	.2	19.4
Genital organs	1.1	.8	1.8	4.2	1.0	18.1
Brain and nervous system	.9	.8	2.0	1.0	4.3	2.6
Bone	.5	.4	.4	.5	.2	.4
Lymphatic and blood-forming tissues	4.2	3.0	6.5	4.4	7.2	5.2
Hodgkin's disease	1.3	1.0	2.4	1.7	2.0	1.3
Leukemia	1.9	1.5	2.5	1.8	2.6	2.4
Other, including lymphosarcoma	1.0	.5	1.6	.9	2.6	1.5
	Percent of Total					
Malignant neoplasms—Total	100.0	100.0	100.0	100.0	100.0	100.0
Digestive organs and peritoneum	5.8	8.7	16.7	16.6	27.5	19.3
Respiratory tract	2.7	2.2	8.7	3.3	22.8	3.4
Breast	—	.5	.3	17.7	.5	28.8
Genital organs	12.9	13.0	10.4	22.7	2.0	26.8
Brain and nervous system	11.2	12.5	11.8	5.6	8.8	3.8
Bone	5.8	7.1	2.4	1.0	.8	.6
Lymphatic and blood-forming tissues	50.0	46.8	37.1	24.1	14.8	7.8
Hodgkin's disease	15.2	15.8	13.9	9.1	4.2	2.0
Leukemia	22.3	22.8	14.2	10.0	5.2	3.5
Other, including lymphosarcoma	12.5	8.2	9.0	5.0	5.4	2.3

*Less than 0.05.
Note: Data for 1954 are provisional.

TABLE 2—AVERAGE ANNUAL DEATH RATE PER 100,000 FROM MALIGNANT NEOPLASMS WHITE PERSONS BY SEX, AGES 15 TO 44. INDUSTRIAL POLICYHOLDERS METROPOLITAN LIFE INSURANCE COMPANY, 1953-1954 AND 1943-1944

AGE PERIOD (YEARS)	MALES			FEMALES		
	1953-1954	1943-1944	PERCENT CHANGE	1953-1954	1943-1944	PERCENT CHANGE
15-24	8.4	9.6	−13	6.4	7.4	−14
25-34	17.4	14.9	+17	18.3	20.0	− 9
35-44	48.8	49.6	− 2	67.4	82.4	−18

Note: Rates for 1954 are provisional.

of the brain and nervous system and of the genital organs still comprise a significant proportion of the total.

Further changes in the importance of the various sites of cancer occur in the age group 35-44. Among women, cancer of the breast and of the genital organs are of considerably greater frequency, both relatively and absolutely, than in the preceding age period. These two sites account for 55 percent of all cancer deaths among women at ages 35-44 in this insurance experience. Among males at these ages the digestive system is the most common site, contributing well over one fourth of the cancer deaths. Almost as large is the mortality from cancer of the respiratory system; in this age group, the death rate from such cancers is five times as high among males as among females. The lymphatic system and blood-forming tissues continue to account for a sizable proportion of the cancer deaths in both sexes.

It is encouraging that among white females in this insurance experience the death rate from malignant neoplasms decreased, between 1943-1944 and 1953-1954, in each age group of the range from 15 through 44. As may be seen in Table 2, the record was particularly good at ages 35-44, where the reduction amounted to 18 percent. Among white males, cancer mortality improved appreciably at ages 15-24 and was virtually unchanged at ages 35-44; in the age group 25-34, however, the trend was upward.

The relatively favorable trend for women is accounted for partly by the considerable decline in the mortality from cancer of the genital organs. The reduction during the decade was more than one fourth in the age range 15-34, and exceeded a third at ages 35-44; in the latter age group, the death rate from genital cancer fell from 28.0 to 18.1 per 100,000. Malignancies of the digestive system also showed a downward trend in mortality among females, decreasing by about one third throughout the age range 15-44. The death rate from cancer of the breast, however, recorded a small increase during the decade. Among males,

only cancer of the digestive system showed a decrease in mortality in each age group.

To some extent, the progress made in the control of cancer among adults prior to midlife reflects both the increased tendency to seek medical care earlier in the course of the disease and the advances in methods of diagnosis and treatment. As the American Cancer Society points out, many lives could be saved in our country if more cancers were detected early and treated promptly. However, the greatest promise of eventually controlling cancer lies in further research.

Summer Accident Hazards

THE accident death toll in the United States is somewhat greater in the summer than at any other season of the year. Of the fatal injuries sustained in 1950-1952, 27 percent occurred during the summer (June through August), compared with 25 percent in the autumn and with 24 percent in the winter and the spring. While the seasonal peak is small, it nevertheless accounts for an appreciable excess in the actual number of deaths. In an average year, there are about 3,000 more deaths from accidents in the summer than in the spring. This heavier loss of life reflects largely the increased mortality resulting from outdoor recreation and sports, from most types of transportation, and from outdoor occupational activities.

Drownings account for a considerable part of the excess mortality from accidents in the summer, as is evident from the accompanying table. Of the more than 5,000 deaths a year from drowning in the United States, over one half occur in the three months June through August, a higher seasonal concentration than for any other cause of accidental death listed in the table. Similarly, fatal injuries resulting from water transportation have their peak incidence in the summer, with two fifths of the deaths occurring in this season. Most of the deaths sustained in such accidents involve the use of small boats, and add to the toll of drownings. The other means of transportation, except motor vehicles, also cause more deaths in the summer than at other times of the year, but their seasonal peak is less pronounced.

Fatal injuries from machinery accidents increase substantially in the summer; in 1950-1952, 30 percent of these fatal injuries took place from June through August. The seasonal peak for machinery accidents reflects in large measure the increase in farm activities, with tractors and other power equipment contributing appreciably to the toll. The increased summer incidence of deaths from electric current is likewise due largely to occupational hazards, as was indicated in last month's STATISTICAL BULLETIN. To complete the list of special summer hazards, mention should be made of lightning; although it is responsible for only about 200 deaths a year, approxi-

mately three fourths of them occur during the summer.

While motor vehicle accidents do not reach their maximum until the autumn, they far outrank every other cause of accidental death in the summer, as they do at all other times of the year. Actually, the summer toll is only slightly less than the autumn's; in 1950-1952 the proportion of deaths in the two seasons was 26 and 28 percent, respectively. The great volume of travel adds considerably to the death toll during the vacation season. It is noteworthy that the summer rise in fatal motor vehicle injuries is due entirely to nonpedestrian accidents, that is, mishaps involving collisions between automobiles, and vehicles overturning on the road, hitting a tree, or running into some other fixed object. The number of fatalities among pedestrians actually declines to a minimum in the period from June through August.

Falls rank second to motor vehicles as a cause of accidental death in the summer, not because fatal falls vary appreciably with the season, but because they have a relatively high incidence throughout the year. In 1950-1952, accidental falls in the United States took more than one and one half times as many lives as drowning (including those in water transportation) from June through August. Several types of falls, such as falls out of windows and off roofs

SEASONAL DISTRIBUTION OF DEATHS FROM SPECIFIED TYPES OF ACCIDENTS
UNITED STATES, 1950-1952

TYPE OF ACCIDENT	AVERAGE ANNUAL NUMBER OF DEATHS	PERCENT BY SEASON				
		TOTAL	MARCH-MAY	JUNE-AUGUST	SEPTEMBER-NOVEMBER	DECEMBER-FEBRUARY
Accidents—Total	94,431	100	24	27	25	24
Motor vehicle	36,518	100	22	26	28	24
Other road vehicles	480	100	22	33	26	19
Railway	1,981	100	22	30	27	21
Aircraft	1,592	100	25	30	23	22
Water transport	1,526	100	28	41	20	11
Falls	21,035	100	25	24	25	26
Fire and explosion of combustible material	6,705	100	27	13	23	37
Hot substance, corrosive liquid, steam, and radiation	874	100	28	18	23	31
Drowning	5,062	100	23	53	14	10
Firearm	2,210	100	19	22	33	26
Machinery	1,974	100	27	30	27	16
Poisoning by gases and vapors	1,508	100	23	9	23	45
Poisoning by solid and liquid substances	1,507	100	26	26	24	24
Falling object	1,513	100	25	26	26	23
Choking by food or other objects	1,413	100	23	20	28	29
Electric current	1,000	100	20	41	25	14
All other accidents	7,443	100	23	30	22	25

Source of basic data: Reports of the National Office of Vital Statistics.

and trees, as well as diving accidents (which are classified with falls), have a summer peak.

It is a grim fact that accidents in our country take about 25,000 lives each summer, a large proportion of which are lost because of negligence or recklessness. The toll from water sports, particularly among teenagers, would be reduced if the ability to swim were made a part of the child's general training, and if swimmers would not attempt feats beyond their strength. Even more important than the special seasonal hazards is the motor vehicle accident problem. One of the disturbing aspects of this problem is the complacency with which the American people, season after season, year after year, accept the slaughter on our streets and highways. A countrywide effort is being made to arouse the nation to effective action through the "Slow Down and Live" program sponsored by the National Conference of State Safety Coordinators. This program merits our active support.

Population Still Moving Westward

DURING the past 15 years the West has had a marked influx of population from other sections of the country, principally the South and Midwest. At the same time, large numbers have also moved out of the Northeast, but since the end of World War II this loss has been more than offset by in-migrants from abroad. The gain or loss in population for each State resulting from civilian migration alone is shown in the table on page 7; the three periods correspond roughly to the World War II years, the immediate postwar years, and the period during and after the Korean War.

Since 1940, California has gained many more people through migration than any other State in the Union. The net in-migration of civilians to California averaged 385,000 a year in the period April 1940 through June 1945, when defense production was booming in that State. But even in recent years, the average has been 284,000 a year. Largely as a result of this substantial in-migration and because of the sustained high birth rate, California gained 1,968,000 in total population from April 1950 through June 1954; this was almost one fifth of the increase in the country as a whole during this period. A number of other States have also had recent substantial gains in population by civilian in-migration. Florida averaged 130,000 net in-migrants annually from April 1950 through June 1954; Michigan averaged 52,000; New Jersey, 44,000; and Arizona and Ohio, 38,000 each. In Florida and Arizona the newcomers have recently been enlarging the civilian population by about 5 percent a year.

By contrast, Pennsylvania and seven southern States have each been losing 30,000 or more persons annually by migration since 1950. West Virginia has experienced the largest civilian exodus; its loss of about

POPULATION CHANGE DUE TO CIVILIAN MIGRATION,* BY STATE, 1940 TO 1954

STATE	CHANGE PER ANNUM, THOUSANDS†			CHANGE PER ANNUM, RATE‡		
	APRIL 1940-JUNE 1945	JULY 1945-MARCH 1950	APRIL 1950-JUNE 1954	APRIL 1940-JUNE 1945	JULY 1945-MARCH 1950	APRIL 1950-JUNE 1954
New England	32	—	34	3.8	—	3.7
Maine	− 4	1	− 7	− 4.7	1.3	− 7.7
New Hampshire	− 2	3	− 4	− 4.1	6.6	− 7.5
Vermont	− 6	3	− 3	−16.8	9.5	− 7.9
Massachusetts	12	− 1	22	2.8	− .2	4.7
Rhode Island	4	− 4	− 3	5.6	− 5.8	− 3.9
Connecticut	26	− 2	29	15.2	− 1.1	14.5
Middle Atlantic	− 81	184	26	− 2.9	7.3	.9
New York	− 66	152	13	− 4.9	12.4	.9
New Jersey	24	38	44	5.8	9.5	9.2
Pennsylvania	− 40	− 5	− 31	− 4.0	− .6	− 3.0
East North Central	124	54	109	4.7	2.1	3.6
Ohio	63	− 2	38	9.1	− .3	4.8
Indiana	18	9	15	5.3	2.7	3.8
Illinois	− 5	30	15	− .6	4.0	1.7
Michigan	66	8	52	12.6	1.5	8.2
Wisconsin	− 18	10	− 12	− 5.7	3.4	− 3.5
West North Central	−184	1	− 59	−12.1	.1	− 4.2
Minnesota	− 34	7	− 13	−12.2	2.8	− 4.4
Iowa	− 31	− 1	− 25	−12.2	− .4	− 9.5
Missouri	− 33	5	4	− 8.7	1.5	1.0
North Dakota	− 17	− 5	− 7	−26.5	− 9.2	−11.3
South Dakota	− 15	1	− 8	−23.3	1.8	−12.3
Nebraska	− 20	− 4	− 7	−15.2	− 3.4	− 5.3
Kansas	− 14	− 2	− 4	− 7.8	− 1.2	− 2.1
South Atlantic	17	− 18	26	1.0	− 1.0	1.2
Delaware	5	—	6	18.8	—	18.9
Maryland	47	2	20	25.9	1.0	8.7
District of Columbia	40	− 39	2	60.9	−47.6	2.6
Virginia	32	− 13	− 5	12.1	− 4.6	− 1.6
West Virginia	− 34	− 5	− 42	−17.9	− 2.9	−20.9
North Carolina	− 52	3	− 36	−14.6	.9	− 9.0
South Carolina	− 30	− 15	− 25	−15.8	− 8.3	−11.9
Georgia	− 44	− 12	− 24	−14.2	− 4.1	− 7.1
Florida	54	60	130	28.5	28.3	47.6
East South Central	−144	− 97	−142	−13.4	− 9.8	−12.4
Kentucky	− 55	− 16	− 38	−19.4	− 6.3	−13.0
Tennessee	− 14	− 9	− 30	− 4.8	− 3.2	− 9.1
Alabama	− 34	− 29	− 37	−12.0	−10.8	−12.1
Mississippi	− 42	− 44	− 36	−19.2	−22.0	−16.6
West South Central	−130	− 44	− 42	−10.0	− 3.6	− 2.9
Arkansas	− 54	− 22	− 32	−27.7	−13.0	−16.8
Louisiana	− 11	− 15	3	− 4.7	− 6.5	1.1
Oklahoma	− 70	− 10	− 23	−30.0	− 5.2	−10.4
Texas	6	2	10	.9	.3	1.3
Mountain	− 21	60	47	− 5.1	15.2	9.4
Montana	− 13	7	—	−23.3	14.8	—
Idaho	− 9	6	− 4	−17.1	12.8	− 6.8
Wyoming	− 3	2	—	−12.2	9.8	—
Colorado	− 6	15	3	− 5.4	14.2	2.3
New Mexico	− 9	12	2	−16.9	24.4	3.0
Arizona	11	17	38	22.1	30.8	51.2
Utah	4	− 1	—	7.3	− 1.8	—
Nevada	5	2	10	45.5	16.0	63.7
Pacific	502	128	296	51.9	10.8	20.8
Washington	77	− 10	4	44.7	− 4.9	1.7
Oregon	40	19	8	36.7	15.4	5.3
California	385	119	284	56.1	14.0	27.3

*Comprises net in-migrants from abroad and net interstate migration of civilians.
†Each estimate has been independently rounded; hence, the sums of parts may differ slightly from the totals.
‡Per 1,000 civilian population at start of each period.
NOTE: Minus sign (−) denotes loss.
Source of basic data: Various reports and unpublished data from the Bureau of the Census.

2 percent each year has exceeded the natural increase (the excess of births over deaths). In most of the southern States the outflow of population has been going on for many years. The movement out of the States in the East South Central area has been particularly large, totaling 142,000 a year since April 1950, or not appreciably different from that sustained during World War II.

People in early adult life constitute the most mobile segment of our civilian population. They generally migrate to take advantage of job opportunities and to provide better living conditions for their families. In recent years there has also been an increasing tendency for people at the older ages to settle in areas with mild climates, particularly southern California and Florida.

The geographic distribution of our Armed Forces has likewise influenced the population changes which have occurred in the individual States. Between April 1950 and July 1954 the increase in the number of troops stationed in California and in Virginia exceeded by more than 30,000 the number of their residents added to the Armed Forces. By contrast, five States sustained marked population losses by this means: New York, 131,000; Pennsylvania, 118,000; Illinois, 82,000; Michigan, 75,000; and Ohio, 73,000. A large part of these losses may be regained if and when our Armed Forces are reduced in size, since most young men return to their preservice residence after completing their military service.

Between April 1950 and July 1954, the population residing in Continental United States increased by 7 percent, from 150,697,000 to 161,183,000, the result of our sustained high birth rate and continuing low death rate. Actually our population growth was greater, for during this time about 800,000 men were added to our country's military installations overseas.

Homicide Rate at Record Low

ALTHOUGH major crimes and juvenile delinquency have recently increased in our country, the homicide rate has fallen to an all-time low level. In fact, the relative frequency of homicide has been decreasing for at least two decades. Among the Industrial policyholders of the Metropolitan Life Insurance Company, whose experience closely parallels that for the general population of the United States, the age-adjusted rate from homicide dropped from 5.8 per 100,000 in 1934 to 1.9 in 1954. The downward trend during this period was interrupted only twice—immediately after the close of World War II and, to a lesser extent, during the Korean War. Data available thus far in 1955 indicate that the homicide rate is continuing to decline both in the population as a whole and among the insured, who constitute a large cross-section of the urban population.

The long-term reduction in the

TABLE 1—DEATH RATES PER 100,000 FROM HOMICIDE BY COLOR, SEX, AND AGE. INDUSTRIAL POLICYHOLDERS* METROPOLITAN LIFE INSURANCE COMPANY, 1932-1954

Age Period (Years)	Average Annual Death Rate per 100,000								Percent Decline 1952–1954 Since 1932–1934			
	White				Nonwhite				White		Nonwhite	
	Males		Females		Males		Females					
	1952-1954	1932-1934	1952-1954	1932-1934	1952-1954	1932-1934	1952-1954	1932-1934	Males	Females	Males	Females
1-74†	1.9	6.3	0.8	1.6	21.7	48.1	5.4	11.5	70	50	55	53
15-19	1.0	3.2	.8	1.4	19.7	39.4	2.6	12.9	69	43	50	80
20-24	2.4	8.9	.9	2.8	35.1	92.9	7.6	22.6	73	68	62	66
25-34	2.8	12.8	1.0	2.6	38.5	102.9	12.2	26.5	78	62	63	54
35-44	3.1	9.7	1.4	2.0	39.8	81.6	9.8	15.0	68	30	51	35
45-54	3.2	9.0	1.0	2.0	26.9	50.6	6.4	7.9	64	50	47	19
55-64	2.6	7.4	.7	1.0	20.2	19.9	2.2	5.8	65	30	+ 2	62
65-74	3.1	6.2	.6	.8	15.4	18.0	5.3	5.9	50	25	14	10

*Weekly and Monthly premium-paying business for the years 1952–1954; Weekly alone, 1932–1934.
† Death rates adjusted for age on basis of the Standard Million Population of England and Wales, 1901. The rates for 1954 are provisional.
Note: The plus sign (+) indicates an increase.

homicide rate has been particularly large among white male policyholders, amounting to 70 percent between 1932-1934 and 1952-1954. Among white females the corresponding reduction was 50 percent, and among nonwhite persons it was about 55 percent. Despite the large improvement, homicide continues to be a major cause of death among nonwhite males, their mortality from this cause averaging 21.7 per 100,000 in 1952-1954, or more than 11 times that for white males. Even among nonwhite females the rate was 5.4 per 100,000, or nearly seven times that for white females and about three times that for white males. The details appear in Table 1.

In each color-sex group the largest decreases were recorded in early adult life, where the rates used to be highest. As a result, the point of maximum mortality from homicide has shifted to a later age group. Among white male policyholders the peak rate moved from ages 25-34 to 45-54 between 1932-1934 and 1952-1954; among white females the shift has been from ages 20-24 to 35-44. A similar tendency is evident for the nonwhite policyholders, but it has not been as marked.

The relative frequency of homicide varies widely from one area of the United States to another, as Table 2 shows. In general, the South has the poorest record while New England has the best. The 16 southern States were among the 20 States with the highest homicide rates in 1952; the rate in Georgia, 14.6 per 100,000,

TABLE 2—HOMICIDES PER 100,000 POPULATION AND PERCENT BY USE OF FIREARMS GENERAL POPULATION IN EACH STATE, 1952

State	Homicide Rate	Percent of Homicides by Firearms	State	Homicide Rate	Percent of Homicides by Firearms	State	Homicide Rate	Percent of Homicides by Firearms
United States	5.2	53	Missouri	6.2	60	Pennsylvania	2.7	41
			Delaware	6.0	*38*	New Jersey	2.6	27
Georgia	14.6	60	New Mexico	5.9	60	Washington	2.6	52
Alabama	13.1	54	Maryland	5.6	47	South Dakota	2.3	87
Mississippi	12.9	56	West Virginia	5.5	61	Idaho	2.2	85
Florida	11.1	53	Oklahoma	5.3	66	Utah	1.8	*69*
South Carolina	10.9	65	Wyoming	4.9	87	Connecticut	1.7	38
Louisiana	9.8	51	Illinois	4.6	53	Nebraska	1.6	50
Texas	9.7	60	California	4.2	40	Wisconsin	1.6	51
North Carolina	9.4	64	Ohio	4.0	56	Iowa	1.5	50
District of Columbia	9.2	29	Indiana	3.8	47	New Hampshire	*1.5*	*68*
Tennessee	9.2	58	Michigan	3.3	35	Rhode Island	1.5	*60*
Kentucky	8.5	72	Oregon	3.2	41	Minnesota	1.3	37
Arizona	8.2	51	Colorado	3.1	50	Maine	*1.0*	*78*
Virginia	7.5	61	Kansas	3.1	57	Massachusetts	1.0	29
Nevada	7.0	*54*	Montana	3.0	*44*	North Dakota	*0.8*	*60*
Arkansas	6.9	57	New York	2.9	27	Vermont	*0.5*	*0*

Note: Figures in italics are based upon less than 10 deaths.

was almost 30 times that in Vermont. The unfavorable record for the South reflects in large measure the relatively high proportion of nonwhite residents. But this is not the whole story. The homicide rate in the white population of the South is also considerably higher than that in the country as a whole. While the rate for white males nationally was 3.7 per 100,000 in 1952, it was 8.4 in Alabama, 7.9 in South Carolina, and 6.8 in Georgia.

In the greater part of the United States, the majority of homicides result from the use of firearms, as may be seen in Table 2. The proportion killed by this means is generally highest in the agricultural sections and lowest in the highly industrialized areas. Thus, in South Dakota, Wyoming, Idaho, and Maine more than three fourths of the homicides in 1952 were by firearms, whereas in New York and New Jersey the proportion was about one quarter. For the country as a whole, slightly more than half the homicides were caused by firearms, one quarter by cutting and piercing instruments, and the remainder by other means. The proportion of homicide victims assaulted by firearms was slightly lower for nonwhite persons than for the white, while the use of cutting and piercing instruments was relatively about three times as frequent among the nonwhite as among white persons.

Although the homicide rate has dropped to a new low level, it still accounts for the loss of more than 7,500 lives annually in the United States. Compared with other countries whose cultural background is similar to ours, we make a poor showing. The homicide rate of the white population in the United States is more than twice the rate in Canada and Australia, about three times that in Scotland, and about six times that in England and Wales, and Ireland.

STATISTICAL BULLETIN
1 Madison Avenue, New York 10, N. Y.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
INDUSTRIAL PREMIUM-PAYING BUSINESS, WEEKLY AND MONTHLY COMBINED
METROPOLITAN LIFE INSURANCE COMPANY
MAY 1955

CAUSE OF DEATH	ANNUAL RATE* PER 100,000 POLICYHOLDERS†				
	MAY		YEAR TO DATE		
	1955	1954	1955	1954	1953
All Causes—Total	607.3	628.2	650.3	665.0	683.2
—Excluding war deaths	607.3	626.3	650.2	659.0	681.3
Tuberculosis (all forms)	8.0	9.5	8.3	9.9	11.4
Tuberculosis of respiratory system	7.0	8.7	7.5	8.8	10.2
Syphilis	1.6	2.1	2.5	2.7	3.0
Communicable diseases of childhood	.3	.6	.4	.4	.4
Acute poliomyelitis	.1	.2	.2	.2	.5
Malignant neoplasms	125.0	123.8	130.0	129.2	125.3
Digestive system	45.1	45.3	45.2	46.8	44.5
Respiratory system	16.9	14.7	16.7	16.5	15.3
Diabetes mellitus	14.7	15.2	16.0	15.8	16.3
Diseases of the cardiovascular-renal system	322.0	337.9	348.5	351.6	368.6
Vascular lesions, central nervous system	62.8	64.4	67.3	67.4	71.7
Diseases of heart	235.4	246.4	254.5	256.0	268.0
Chronic rheumatic heart disease	12.6	13.1	13.6	13.5	14.4
Arteriosclerotic and degenerative heart disease	180.7	185.1	195.2	191.5	198.6
Diseases of coronary arteries	109.8	107.2	112.6	112.2	114.7
Hypertension with heart disease	35.7	39.8	37.1	41.2	44.3
Other diseases of heart	6.4	8.4	8.6	9.8	10.7
Hypertension without mention of heart	5.0	5.1	5.0	6.3	6.0
General arteriosclerosis	5.9	6.3	6.4	6.3	6.7
Other diseases of circulatory system	5.4	5.9	5.9	5.3	5.0
Nephritis and nephrosis	7.5	9.8	9.4	10.3	11.2
Pneumonia	11.2	12.0	16.7	15.4	20.8
Influenza	.9	.9	1.5	1.7	5.8
Ulcers of stomach and duodenum	5.6	5.5	5.1	5.0	5.0
Appendicitis	.7	1.2	1.4	1.2	1.5
Hernia and intestinal obstruction	4.3	4.1	3.9	4.0	3.8
Gastritis, duodenitis, enteritis, etc	2.4	2.3	2.4	2.6	2.3
Cirrhosis of liver	8.7	10.9	10.6	10.4	11.2
Diseases of the gallbladder and biliary ducts	3.2	3.5	3.3	3.2	3.5
Complications of pregnancy, childbirth	.4	1.0	.8	.9	1.4
Congenital malformations	3.0	2.9	3.0	3.0	3.2
Suicide	6.8	6.5	6.2	5.6	5.9
Homicide	1.8	2.0	2.1	2.3	2.9
Accidents—total	32.6	34.9	33.2	35.2	34.1
Motor vehicle	14.5	14.1	13.5	14.2	14.4
Home	5.5	6.9	6.6	7.7	8.1
Occupational (civilian)	2.1	1.9	2.2	2.3	3.3
War deaths—enemy action‡	—	1.9	.1	6.0	1.9
All other causes	53.9	49.2	54.4	58.5	54.4

*The rates for 1955 and 1954 are provisional.
†Persons insured under Weekly and Monthly Industrial premium-paying policies for the years 1953-1954; 1955 includes in addition persons with Ordinary Monthly Premium policies for less than $1,000.
‡The recorded mortality from war deaths in 1954 resulted from the payment of claims on policyholders originally reported as missing who were subsequently declared officially dead.

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MORTALITY FROM ALL CAUSES

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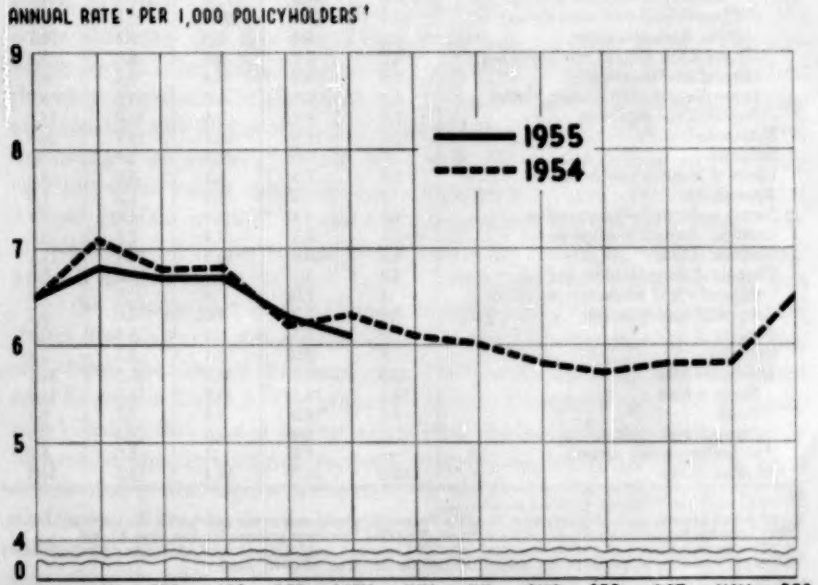

(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
/954†	7.1	6.8	6.8	6.2	6.3	6.1	6.0	5.8	5.7	5.8	5.8	6.5
/955	6.8	6.7	6.7	6.3	6.1							

*†‡ See page 11 for footnotes.

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